MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD

ELIGIBILITY CHECKLIST AND APPLICATION FOR VOLUNTARY REGISTRATION (TYPE OR PRINT)

Complete this for	rm if you own	-	more petroleum storage tar eck one)	nk and piping	and if:			
		ct has leaked or be	een released from a tank or rective action or third party		ou anticipate			
	the state's rein	mbursement progr	you know of, but you would ram. If a release occurs or					
This form may or form must be filled	•	•	you own or operate more th	an one facility	y, a separate			
A. CONTACT IN facility.	FORMATION	- Responsible par	ty for the tank and piping a	and contact pe	erson for the			
Ov	vner		Point of Contact (ie, operator)					
Owner Name			Contact Person Na	ame				
Address		•	Address					
City	State	Zip	City	State	Zip			
Phone Number			Phone Number					
B. FACILITY INF	ORMATION	Actual location.						
Facility Name			Facility ID Number	er				
Street Address			County					
City	State	Zip						

C. INSURANCE COMPANY INFORMATION List any insurance company which covers pollution liability
or risk exposure to the premises where tanks and piping are located.

Address		
City	State	Zip
Phone Number		-

D. DESCRIPTION OF TANKS AND PIPING -- Complete for EACH tank, old and/or new, at this location. This section may be copied for as many tanks as necessary.

Description by Tank	#1	#2	#3	#4	#5
Underground (X)					
Aboveground (X)					
Date Installed (MO/YR)					
Permit # if Installed After 4/1/90					
Currently in Use (X)					
Temporarily Out of Use (X)					
Permanently Out of Use (X) Complete Section E					
Estimated Capacity (Gallons)					
Piping Type Pressure (P); Suction (S)					
Substance Currently or Last Stored Gas (G); Diesel (D); Waste Oil (WO); Heating Oil (HO); Aviation (A); Other (Specify)					
Is/Was the tank designed and constructed with rigid inner and outer walls, separated by an interstitial space that is capable of being monitored for leakage? (Yes/No)					

Description by Tank	#1	#2	#3	#4	#5
Is/Was the associated product pipe designed and constructed with rigid inner and outer walls, separated by an interstitial space that is capable or being monitored for leakage? (Yes/No)					
Is/Was the tank located on a farm, ranch or residence, less than 1100 gallons capacity and used to store fuel for any purpose other than resale? (Yes/No)					
Is/Was the tank used to store heating oil which is consumed on the premises? (Yes/No)					
Does/Did the tank hold less than 30,000 gallons when full? (Yes/No)					
Is/Was the tank located at a refinery, terminal of a refiner or oil and gas production facility? (Yes/No)					
Is/Was the tank owned by or exclusively used by an agency of the federal government? (Yes/No)					
Is/Was the tank mobile and used to transport petroleum or petroleum products from one place to another? (Yes/No)					

E. TANKS OUT OF USE AND LEAK INFORMATION (IF APPLICABLE) -- This section may be copied for as many tanks as necessary.

	#1	#2	#3	#4	#5
Estimated Date Last Used (MO/YR)					
Tank/Piping Removed From Ground (MO/YR)					
Permit # For Removal					
Tank Closed in Place (MO/YR)					
Evidence of Leak From Tank/Piping (Yes/No)					
Did you have knowledge of the leak before April 13, 1989? (Yes/No)					

F. TANK LOCATED ON LEASED RAILROAD PROPERTY OR OWNED BY RAILROAD

Description by Tank	#1	#2	#3	#4	#5
Is the tank now or was it ever owned by or under the control of a railroad? (Yes/No)					
* Is this property where tanks are/were located leased from a railroad? (Yes/No)					

* Is this property where tanks are/were located leased from a railroad? (Yes/N	o)				
* If yes, copies of present and past leases or by Board staff that would show ownership o complete.					
G. CERTIFICATION					
Have you, your firm or any officer in your f violation (misdemeanor or felony) of a fedopetroleum products or the installation, inspect	eral or state la	w relati	ve to the	storage o	f petroleum or
I, the owner/operator of this site, certify the in I fully understand that any fraudulent or erroreimbursement from the Petroleum Tank Re Petroleum Tank Release Compensation Board within this format a time mutually agreed to	neous informa lease Cleanup d staff to visit	tion may Fund. V the site t	y jeopardi: With my s	ze the site signature,	rue and correct. s eligibility for I authorize the
Owner/Operator Name Printed					
Title					
Owner/Operator Signature			Date	<u></u>	
Subscribed and sworn before me on this	day of _		19	_	
Notary Public					
(SEAL) My Commission Expires	Notary Public Residing at				_